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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 2054 SEC Mail Process Estimated average burden Section

FORM D

OMB NUMBER: 3235-0076 May 31, 2008 hours per response 16.00

NOTICE OF SALE OF SECURIA 1689 2008 PURSUANT TO REGULATION D, SECTION 4(6), AND/OR 110 UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY					
Prefix		Serial			
D,	ATE RECEI	VED			

Name of Offering (check if this is an amendment and name has changed, a	and indicate change.)
Arnott Opportunities Master Fund - Offering of Participating Shares	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505	☑ Rule 506 ☐ Section 4(6) ☐ ULOE
Type of Filing: ☐ New Filing ☑ Amendment	
A. BASIC IDENTIFICATIO	ON DATA
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and i	l indicate change.)
Arnott Opportunities Master Fund	ip Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code) Telephone Number (Including Area Code) Same as above
Address of Executive Offices (Number and Street, City, State, Zip	ip Code) Telephone Number (Including Area Cod
c/o Arnott Opportunities Member Limited, Walker House, 87 Mary Street,	t, George (345) 945-3727
Town, Grand Cayman KY1-9002, Cayman Islands	
Address of Principal Business Operations (Number and Street, City, State, Zip	ip Code) Telephone Number (Including Area Cod
(if different from Executive Offices) Same as above	Same as above
Brief Description of Business: Investments in securities.	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed	other (please specify): Cayman Islands
☐ business trust ☐ limited partnership, to be formed	Exempted Company
Month Ye	Year PDO -
Actual or Estimated Date of Incorporation or Organization: 0 8	5 🗵 Actual 🗆 Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service	vice abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	THOMAS
Federal:	"I VIVISON RELITER
	TO THE STATE OF TH

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing general partners of partnership issuers: and Each general and managing partner of partnership issuers. Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Lennon, Scott Business or Residence Address (Number and Street, City, State, Zip Code) c/o Arnott Opportunities Member Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands ☐ Beneficial Owner ☐ Executive Officer ☑ Director Check Box(es)that Apply: ☐ Promoter ☐ General and/or Managing Partners Full Name (Last name first, if individual) Wilson-Clarke, Michelle Business or Residence Address (Number and Street, City, State, Zip Code) c/o Arnott Opportunities Member Limited, Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Director Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Director Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Managing Partners

Į , ,•				B. IN	FORMAT	ION ABO	UT OFFE	RING				
, ,							Yes	No ⊠				
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							<u> </u>					
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?						¢ 1 0	00 000*					
2. What is the minimum investment that will be accepted from any individual?							00,000					
			Subjectio	tue discreti	on or the Di	rectors to ac	cept a tesser	amount.			Yes	No
3. Does the offering permit joint ownership of a single unit?												
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. N/A Full Name (Last name first, if individual)												
			,									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	e)					
Name of A	Associated	Broker or 1	Dealer									
			nas Solicite individual :								🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	<u>-</u> . [HI]	(ID)
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
					()		[]			£ ,		£
Full Name (Last name first, if individual)												
Business or Residence Address (Number and Street, City, State, Zip Code)												
Name of	Associated	Broker or	Dealer									
,												
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)							All States					
				-								
(AL) [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT]	[DE]	[DC]	[FL]	[GA] [MN]	[HI] [MS]	[ID] [MO]
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			,									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer									
States in Which Person Listed has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States				
` [AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Amount
Type of Security Debt	Offering Amount	Already Sold
Equity: (Offering of Participating Shares, issued in various classes)	\$ <u>1,000,000,000</u>	\$ <u>20,808,240</u>
□ Common □ Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify)	\$	\$
Total	\$ <u>1,000,000,000</u>	\$ <u>20,808,240</u>
Answer also in Appendix, Column 3, if filing under ULOE		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero".		
Accredited Investors	Number Investors 2	Aggregate Dollar Amount of Purchases \$ 20,808,240
Non-accredited Investors.	0 .	\$ 0
Total (for filings under Rule 504 only)		\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE		¥ <u></u>
securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of	Dollar Amoun
Type of offering	Security	Sold
Rule 505	•	\$
Regulation A		\$
Rule 504	•	\$
Total		\$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
		\$
Transfer Agent's Fees.		
Transfer Agent's Fees Printing and Engraving Costs		\$
·		
Printing and Engraving Costs	\ \ \ \ \ \ \	\$ 30,000
Printing and Engraving Costs Legal Fees		\$ 30,000 \$ 20,000
Printing and Engraving Costs Legal Fees Accounting Fees		\$ 30,000 \$ 20,000 \$
Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees		\$ 30,000 \$ 20,000 \$ \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBI	ER OF INVESTORS, EXPENSES AN	D U	SE OF PROCEE	DS
b. Enter the difference between the aggregate of Question 1 and the total expenses furnished in responshe "adjusted gross proceeds to the issuer"	ise to Part C - Question 4.a. this differe	nce i	s	\$999,950,000
5. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for a and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in response.	my purpose is not known, furnish an ese total of the payments listed must equ	timat	e	
			Payments To Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			\$	□ \$ <u> </u>
Purchase of real estate			\$	□ \$ <u>.</u>
Purchase, rental or leasing and installation of ma	achinery and equipment		\$	□ \$ <u> </u>
Construction or leasing of plant buildings and fa		\$ <u>.</u>	□ \$	
Acquisition of other businesses (including the veoffering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another		\$ \$	□ \$ □ \$
Working capital			\$	□ \$ <u>.</u>
Other (specify): Investments in securities.			\$	区 \$ <u>999,950,000</u>
Column Totals			\$	<u>.</u> 🗵 \$ <u>999,950,000</u>
Total Payments Listed (column totals added)	•••••••••••••••••••••••••••••••••••••••		⊠ \$ <u>99</u>	9,950,000
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the the information furnished by the issuer to any non-accordance.	issuer to furnish to the U.S. Securities	Com	mission, upon wr	iled under Rule 505, the itten request of its staff,
Issuer (Print or Type)	Signature / / / /		Da	ate
` ' '	d whorehore			15 Hay 2008
Arnott Opportunities Master Fund Name of Signer (Print or Type)	Tiple of Signer (Print or Type)			(3 (40) 700 0
Name of Signer (Frint of Type)	Tiple of Signer (Finite of Type)			
Michelle Wilson Clarks	Director			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)